

THE CENTER...

The Minneapolis Center for Chronic Disease Outcomes Research (CCDOR) was established in April 1998. Its mission is to enhance, through research, education and dissemination activities, the delivery and accessibility of high-quality, cost-effective health care that will result in optimal clinical, psychosocial, and functional outcomes for veterans with chronic disease. The Center has grown into a vibrant, productive organization supporting 60 funded projects with an annual budget of over \$10 million. The Center's leadership includes Dr. Hanna E. Bloomfield (formerly Rubins) (Director), Dr. Melissa Partin (Associate Director), Dr. Kristin L. Nichol (Senior Research Scientist), and a distinguished steering committee, chaired by Dr. Richard Lofgren.



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FEATURED RESEARCH

RACIAL DISPARITIES IN VA SERVICE CONNECTION FOR POSTTRAUMATIC STRESS DISORDER DISABILITY
Murdoch, Maureen MD, MPH; Hodges, James PhD; Cowper, Diane MA; Fortier, Larry MA; van Ryn, Michelle PhD, MPH

Background. Service connected veterans are those with documented, compensative conditions related to or aggravated by military service, and they receive priority for enrollment into the Veterans Affairs (VA) health care system. For some veterans, service connection represents the difference between access to VA health care facilities and no access.

Objectives. To determine whether there are racial discrepancies in the granting of service connection for posttraumatic stress disorder (PTSD) by the Department of Veterans Affairs and, if so, to determine whether these discrepancies could be attributed to appropriate subject characteristics, such as differences in PTSD symptom severity or functional status.

Research Design. Mailed survey linked to administrative data. Claims audits were conducted on 11% of the sample.

Setting and Subjects. The study comprised 2700 men and 2700 women randomly selected from all veterans filing PTSD disability claims between January 1, 1994 and December 31, 1998.

Results. A total of 3337 veterans returned useable surveys, of which 17% were black. Only 16% of respondents carried private health insurance, and 44% reported incomes of \$20,000 or less. After adjusting for respondents' sociodemographic characteristics, symptom severity, functional status, and trauma histories, black persons' rate of service connection for PTSD was 43% compared with 56% for other respondents (P = 0.003).

Conclusion. Black persons' rates of service connection for PTSD were substantially lower than other veterans even after adjusting for differences in PTSD severity and functional status.

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Featured Research Continued on page 2

JOHN DEMAKIS, MD

On behalf of the investigators and staff of the Center for Chronic Disease Outcomes Research, we dedicate this issue to the leadership and guidance of Dr. John Demakis. He has consistently demanded and supported the highest standards of research excellence while insisting on practical benefit to our veteran population. His vision of an active integration of research and clinical practice for mutual benefit has made a strong contribution to both health services research and quality of care. Dr. Demakis' example in devoting considerable energy and talent to upholding the highest standard of VA research excellence in service of our veterans will inspire us for years to come. We wish him all the best in retirement.



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calendar

VA HSR&D Service Annual Meeting
March 9-11, 2004
Washington, DC

Health Outcomes Research Seminar
Co-Sponsored with the University of Minnesota's Clinical Outcomes Research Center (CORC)
April 26, May 24, June 28 at the University of Minnesota
7:45 AM

CCDOR Research Seminar
Mary Butler, Cand. PhD, University of Minnesota, School of Public Health
March 18, 2004
Minneapolis VAMC
3:30 PM

FEATURED RESEARCH

Continued from page 1

VETERANS SEEKING DISABILITY BENEFITS FOR POST-TRAUMATIC STRESS DISORDER: WHO APPLIES AND THE SELF-REPORTED MEANING OF DISABILITY COMPENSATION

Nina A. Sayer, PhD, Michele Spoont, PhD, and Dave Nelson, PhD

Background. Assumptions about the characteristics and motivations of individuals pursuing disability status are well known. However, policy, programming and interventions need to be based on information about the actual sociodemographic characteristics of disabled individuals, as well as their goals in seeking disability status.

Methods. In this study, we focus on veterans seeking disability compensation for post-traumatic stress disorder (PTSD) from the United States Department of Veterans Affairs. We present information on their life circumstances and their self-reported reasons for valuing the obtainment of veterans' disability status on the basis of PTSD.

Results. There was considerable variability in the background of veterans seeking disability status on the basis of PTSD. Of concern, only about half of these individuals were receiving any mental health treatment at the time of application. Most claimants reported seeking disability compensation for symbolic reasons, especially for acknowledgement, validation and relief from self-blame. Reasons having to do with improved finances were less frequently endorsed, although the importance of obtaining improved solvency through disability status decreased as income increased. The sense of investment in obtaining a sense of self-acceptance and acceptance from others through disability status varied by sociodemographic variables.

Conclusion. Overall, findings suggest that individuals seeking disability benefits may have unmet mental health care needs, and that policy makers, investigators and providers should consider material benefit as one of many possible reasons for engaging in a disability compensation system.

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CIGARETTE SMOKING AMONG CHINESE AMERICANS AND THE INFLUENCE OF LINGUISTIC ACCULTURATION

Fu SS, Ma GX, Tu XM, Siu PT, Metlay JP.

Background. Less acculturated Chinese Americans experience cultural and language barriers. The present study assessed the relationship between linguistic aspects of acculturation and cigarette smoking among Chinese Americans.

Methods. A cross-sectional, self-administered survey was administered to a consecutive sample of 541 Chinese American adults (aged 18 years or older) attending four pediatric, medical, or dental practices located in Philadelphia's Chinatown from November 2000 to February 2001. Linguistic acculturation was measured by adapting a reliable and valid acculturation scale developed for Southeast Asians. English and Chinese language proficiency subscales were utilized to analyze the association between language proficiency and current smoking.

Results. Whereas 25% of Chinese American men reported current smoking, only 3% of Chinese American women reported current smoking. Chinese American men with lower English

proficiency reported significantly higher rates of current smoking compared with Chinese American men with a higher level of English proficiency (33% vs. 18%, $p<.01$). Less English-proficient Chinese American male smokers were less likely to have received advice from a physician to quit smoking (50% vs. 85%, $p=.01$). In multivariate analysis, increased English proficiency was associated with decreased odds of current smoking (OR=0.38, 95% CI=0.16-0.89) among Chinese American men after controlling for confounding variables.

Conclusion. Higher English proficiency was associated with decreased current smoking among Chinese American men. Chinese American men with limited English proficiency should especially be targeted for tobacco control interventions. Further research is needed to assess whether acculturation is associated with smoking among Chinese American women and with use of smoking cessation treatments and services by Chinese American smokers.

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FEATURED RESEARCH

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THE IMPACT OF SURVEY NONRESPONSE BIAS ON CONCLUSIONS DRAWN FROM A MAMMOGRAPHY INTERVENTION TRIAL

Partin MR., Malone M., Winnett M., Slater J., Bar-Cohen A. Caplan L.

Background & Objective. This study demonstrates the impact of survey nonresponse bias on conclusions from a mammography trial targeting a disadvantaged population.

Methods. The trial randomized 1558 women to three interventions designed to promote repeat mammography: mailed reminder (minimum group); mailed thank-you card, patient newsletters, and reminder (maximum group); and no mailings (control group). The primary outcome, repeat mammogram within 15 months, was assessed from administrative and phone survey data.

Results. Administrative estimates revealed a statistically significant difference of 7% between the maximum and control groups on the primary outcome. Survey estimates (response rate 80%) revealed no significant differences. The differences by data source were traced to a survey nonresponse bias. There was a statistically significant difference of 16% between the maximum and control groups among survey nonrespondents for the primary outcome, but there were no differences among survey respondents.

Conclusion. The findings reiterate that even a low survey nonresponse rate can bias study conclusions and suggest studies targeting disadvantaged populations should avoid relying solely on survey data for outcome analyses.

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SELECTED CCDOR PUBLICATIONS

Continued from page 3

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Spoont M, Sayer N, Thuras P, Erbes C, Winston E. Adaptation of dialectical behavioral therapy to a VA Medical Center. Psychiatric Services 2003; 54: 627-629.

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INTRODUCTIONS

NINA A. SAYER, PHD, LP

Dr. Nina Sayer became a full-time Investigator in July 2003.

Dr. Sayer earned her BA in Psychology from Cornell University and a MA and PhD in Clinical Psychology from New York University. She came to Minnesota and began working at the Minneapolis VA Medical Center (VAMC) in 1995. Before joining CCDOR as a full-time investigator she was a Staff Psychologist on the Posttraumatic Stress Disorder (PTSD) Team with clinical, training and administrative responsibilities and the Co-Director of Training in Psychology. She is also presently a Clinical Assistant Professor in the Department of Psychology at the University of Minnesota.



Her research focuses on identification of the characteristics of organizations, interactions with authorities, and cognitions that promote and impede health and well-being among marginalized or vulnerable populations.

In a series of prospective projects funded through a VA Health Services Research and Development grant, Dr. Sayer and her colleague Dr. Michele Spoont examined the effect of the VA disability system on health outcomes among veterans seeking disability benefits on the basis of Posttraumatic Stress Disorder. She and Dr. Spoont anticipate submission of a proposal to VA HSR&D to test an intervention to reduce the stress, symptom-flares, and excess service use associated with engaging in the VA disability system.

In addition, Dr. Sayer has a planned new project that involves examining factors contributing to patient satisfaction, with particular attention to sources of lower health care satisfaction among nonwhite and psychiatric patients.

Outside of CCDOR and the Minneapolis VAMC, Dr. Sayer is a practicing Licensed Psychologist with a small private practice. She lives in South Minneapolis with her husband and their 7-year-old and 4 1/2-year-old boys. Much of her time is enjoyed with her family. Other joys include cooking and nature.

BARBARA CLOTHIER, MS

Barb Clothier joined CCDOR's Statistical and Data Management Team in February 2004.

Ms. Clothier graduated with a MS in Biostatistics from the University of Minnesota in July 2001. Prior to coming to CCDOR, Ms. Clothier was a Biostatistician and Clinical Data Analyst for IntraTherapeutics Inc., a St. Paul-based leader in medical devices used in the treatment of peripheral vascular disease and non-vascular obstructions. Before deciding to enter into a career in biostatistics, Ms. Clothier taught introductory mathematics and statistics to college students for nearly 10 years.



Ms. Clothier is the newest member of a growing CCDOR Statistical and Data Management Team. During the proposal development, implementation, and analysis stages, she will provide review and commentary on proposed and actual methods for implementing research projects. Ms. Clothier will serve as a leader in

the planning, analytic, and dissemination phases of current and future research and evaluation studies within CCDOR, in addition to providing technical consultation and editorial review of manuscripts.

Growing up in Minot, North Dakota, it was undergraduate schooling that brought Ms. Clothier to Minneapolis, Minnesota. She currently lives in a suburb of St. Paul with her husband, 5-year-old son, and 16-month-old daughter. When not playing cars and trucks with her son, she enjoys running, traveling, and boating in the "land of 10,000 lakes."

CONGRATULATIONS

Steven Fu received a VA Career Development and NIH K-award. In addition, he is a finalist for the Robert Wood Johnson Foundation's Faculty Generalist Scholar. He will be interviewed before the committee in March 2004.

Joan Griffin received a VA Merit Review Entry Program (MREP) Award.

Frank Lederle's LOI for a VA Clinical Research Center of Excellence (CRCoE) was approved. A full proposal was submitted February 2004.

Anne Joseph's abstract "Concurrent vs. Delayed Treatment for Nicotine Dependence for Patients in Intensive Treatment for Alcohol Dependence" was accepted for oral presentation at the World Conference on Tobacco or Health in Helsinki, Finland. Mark Willenbring, Sean Nugent, and David Nelson were CCDOR research collaborators.

In addition, Anne Joseph was awarded (unsolicited) funds totaling \$150,000/year for the next 3 years from The Public Health Strategic Health Care Group (PHSHG). PHSHG has

NEWLY FUNDED PROJECTS IN FY 2003

Kristine Ensrud received funding from NHLBI for a proposal to identify outcomes of sleep disorders in older men using a subcohort of 3,000 participants enrolled in the Osteoporotic Fractures in Men (MrOS) project, a prospective cohort study of 5,995 men aged 65 years and older funded by NIAMS/NIA.

Joan Griffin received approval for funding for a large VA HSR&D-funded (IIR) project designed to determine prevalence of health literacy among veterans.

Frank Lederle launched a new VA Cooperative Study, The Veterans Affairs Open Versus Endovascular Repair (OVER) Trial for Abdominal Aortic Aneurysm, a technology assessment project designed to compare a new minimally invasive approach to aneurysm repair to the standard open surgical procedure.

Yvonne Jonk received VA HSR&D (IIR) funding for a three-year study analyzing the impact of eligibility reforms on the utilization and cost of care provided to veterans.

Maureen Murdoch received VA HSR&D (IIR) funding to

been examining mechanisms for building VA accomplishments and momentum in the area of smoking and tobacco use cessation. Dr. Joseph will be using the funds for Smoking and Tobacco Cessation Demonstration Projects.

Timothy Wilt was named Co-Chair for the National Institutes of Health: Interstitial Cystitis (IC) Task Force. The charge of the panel is to assess the current state of knowledge with regard to the epidemiology of IC and advise the NIH about the best research strategies to ensure the development of accurate incidence, prevalence, and health care impact data including the use of biomarkers, questionnaires and invasive testing methods.

Mark Willenbring completed his QUERI translation project implementing best practices in opioid agonist therapy for opioid dependence. This project involved development of a complete system for monitoring practices, developing change strategies, and implementing best practices in opioid agonist therapy clinics. As a result, the OpiATE Initiative released its Opiate Monitoring tool kit to all VA Opiate Treatment Programs.

study The Effect of VA Service Connection for PTSD on Long-term Patient Outcomes. This study seeks to determine whether veterans denied VA disability benefits for PTSD are at higher risk of adverse outcomes than veterans who receive PTSD service connection and to identify subgroups at particularly high risk of poor outcomes after being denied PTSD service connection.

Siamak Noorbaloochi and David Nelson received VA HSR&D (IIR) funding for their proposal, Extending Propensity Scores for Observational Studies, which will involve developing an extension of propensity theory to polytomous measures.

Timothy Wilt was funded by the National Institutes of Diabetes, Digestive and Kidney Diseases (NIDDK) to evaluate prevalence, treatment utilization and outcomes in veterans for a wide range of urologic conditions.

In addition, Timothy Wilt was awarded a Minnesota Evidence-Based Practice Center. This Center, a collaboration between Dr. Wilt and the University of Minnesota, was funded by AHRQ to develop and disseminate comprehensive, rigorous, evidence-based reports on a variety of health care topics.

FROM THE DIRECTOR

HANNA E. BLOOMFIELD, MD, MPH

As the snows melt and the temperature climbs into the balmy 40's and you can almost taste the imminent awakening of the natural world, I sit here at my computer composing this column. Hmmm....

Thanks to the leadership of Melissa Partin, and the hard work of her committee and the entire CCDOR community, our strategic plan for the upcoming five years was approved. In this plan we identified the overarching theme of the Center's research: Improving the Quality of Chronic Disease Care; our primary area of research inquiry: Understanding and improving provider, patient, and system level factors and interactions to enhance the quality of and access to care; and our major focus areas:

Population – disadvantaged and stigmatized populations;

Disease – cancer (colon, prostate), mental health (substance abuse, including tobacco, post-traumatic stress disorder), cardiovascular (abdominal aortic aneurysm and ischemic heart disease), vaccine-preventable disease, osteoporosis, and skin disease; and

Methodology – intervention development and testing; multi-center clinical trials; evidence synthesis, surveys.

Our priorities are to:

- Expand disparities research and enhance linkages to translation research.
- Strengthen our commitment to translation research.
- Build clinical research capacity and infrastructure and enhance linkages to HSR.
- Foster new external collaborations.
- Train the next generation of health services researchers.
- Build a model workplace.



As we work to implement this plan over the next five years we will miss the leadership of Dr. John Demakis, our founding father. As one of his first actions upon assuming his position as Service Director of VA HSR&D, Dr. Demakis funded a new HSR&D Center of Excellence in Minneapolis and we have benefited tremendously from his guidance and support over the past 6 years. We wish him all the best in his retirement.

POST-DOCTORAL FELLOWSHIP PROGRAM

In October 2003, Dr. Greta Friedemann-Sánchez became CCDOR's second VA Associated Health Postdoctoral Fellow in Health Services Research & Development. A native of Bogotá, Colombia, Dr. Friedemann-Sánchez came to Minnesota in 1999 to begin her graduate coursework, earning her PhD in Anthropology from the University of Minnesota in August 2002. She spent time in Cajicá and Chía, Colombia during 1998 to 2002 to conduct research on the social and economic links between the floriculture export industry and its workers in rural Colombia. Specifically, her research focused on international development policy and household economics; the production and manipulation of social and economic capital by *mestizo* immigrants and indigenous rural workers within their households; and the effects of workplace organization and environment on identity, self-perception, and well-being.

Dr. Friedemann-Sánchez has always been interested and continues to be interested in the ways in which research on an individual's, a community's and an institution's culture can inform positive and culturally compatible social change

through policy. She would like to extend to and map on to health services research these specialties and areas of interest, as well as the methodologies she has used. In broad terms, Dr. Friedemann-Sánchez is interested in understanding the ways in which culture affects provider behavior, patient-provider communication, and decision-making processes. In particular, she is interested in exploring possible behaviors that providers can exercise and cultural changes that healthcare facilities can institute to provide culturally sensitive care, thus ameliorating disparities in care. A related area of inquiry that she hopes to better understand are the ways in which patient's perceptions of health and the patient's trust in the system affects patient-provider communication and the decision-making process.

In her career, she would like to improve the delivery of healthcare to socio-economically disadvantaged, stigmatized, and minority populations by incorporating culture as an analytical tool both in research and policy.

Dr. Friedemann-Sánchez is under the guidance and mentorship of Dr. Melissa Partin, who is a specialist on decision-making.

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